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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name		Office:					
Philip L Kartlett I	☐ House						
Mailing address	District						
141 South Street	6						
City, zip code	Phone						
Goslan 04038		207-839-7827					
PART 1. INCOME	EDERIVED FROM EMPLOYMENT BY ANO	OTHER					
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.							
Name of Employer	Address	Principal Type of Economic Activity of Employer					
Scaccia, lenkouski, Aranjan	P.O. Box 929	1 (
+ Satutt	Soutol, ME 04073	Legal Serius					
as della		0000.4 a. IIII. 200.000 - 4					
		CAAAAMII NAAAA					
	OME DERIVED FROM SELF-EMPLOYMEN	VT					
	Legislators who are self-employed.)	ty from which you dorived income. If					
 A. List the name and address of your business, if associated with a partnership, firm, professional a entity. 							
		Major Areas of Economic					
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Activity (partnership, association or similar business entity)					
Name: Atip L. Bathett I, Erg.	1 . I Cavina						
Address: 141 South Street, borlan, ME	64-38 Legal sovius						
Name:	i dan						
Address:		Volden de Ausseld					
PPP and and a second a second and a second a							

PART 2 (continued). INCOME DERIVED I		/ENT						
(For Legislators who are self-employed.) B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.								
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income						
Name: Address:	Legal Sevices							
Name: Address:		ion-marchaeolague (1 me Lan Voltagi Versien, velar Volt-alem (1 me versie (1 1 Eurom va 11 1 Voltanica and Lan Voltagi Voltanica and Lan Voltagi Volta						
Address.								
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)								
List your major areas of practice. If associated with a law firm, list the major a	in existing in the reservoir execution in a management of the execution of the second	แต่เดิดของเจ้าที่สามารถเลือก เจาลากล่องเจ้าจร้องและสามารถจากจะสิ่นเพื่อสามารถและลอดกลางกรุงและแรงจากคลามสามารถ						
Name and Address of Firm	Major Areas of Pract (self)	(firm)						
Name: Scaccia, Lelbulki, Arasa + Batht	worked compensat	and family low social se crained low						
Address: Ro. Box 929, Santal, ME 04073	persual injury Probate (thiptie	en to family less social su criminal less seel estate haddolftant						
Name:	•							
Address:	311	as dylana and discount						
	1							
	<u> </u>							
PART 4. OTHER SOURCES	S OF INCOME							
PART 4. OTHER SOURCES List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of the	appeal for the same of the figure and the	s. If none, check the box.						
para 15-12 dae arce 15 dae na 12 agus andrema ar earáir airtigeár 16 dae ar agus agus agus páire a bhliadh,	appeal for the same of the figure and the							
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of the	appeal for the same of the figure and the	Kind of Income (investments, leases, etc.)						
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of the None Name and Address of Source Name:	appeal for the same of the figure and the	Kind of Income						
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List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of the None Name and Address of Source Name: Address: PART 5. REPORTABLE L	is form. Do not include gift	Kind of Income (investments, leases, etc.)						
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of the None Name and Address of Source Name: Address: PART 5. REPORTABLE L List the names of creditors for any unsecured loans of \$3,000 or more that areas of economic activity of each creditor. Do not list credit card liability or load.	is form. Do not include gift IABILITIES you received during the re	Kind of Income (investments, leases, etc.)						
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of the None Name and Address of Source Name: Address: PART 5. REPORTABLE L List the names of creditors for any unsecured loans of \$3,000 or more that	is form. Do not include gift IABILITIES you received during the re	Kind of Income (investments, leases, etc.)						
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List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of the None Name and Address of Source Name: Address: PART 5. REPORTABLE L List the names of creditors for any unsecured loans of \$3,000 or more that areas of economic activity of each creditor. Do not list credit card liability or lownone Name: Name: Name and Address of Creditor	IABILITIES you received during the mans from a relative. If none	kind of Income (investments, leases, etc.) eporting period, and list the major a, check the box. Principal Type of Economic Activity of Creditor						

PART 6.	. REPORTABLE GIFTS			
List the specific source of each gift of more than \$300. Incl none, check the box.	lude gifts with an aggregate	value of more than \$300 from a single source. If		
□ None	THE STATE OF THE S			
Name of Source of Gift		Name of Source of Gift		
1. American Coursel of Young Political Leads	s 3. High th	pes PAC		
2. NCSL	4.			
	EPORTABLE HONORAR			
List the source of any honoraria accepted for appearances or	speeches related to your leg	sislative responsibilities. If none, check the box.		
Name of Source of Honoraria				
- the second sec		Name of Source of Honoraria		
1.	3.	V 2010 heldelijk hande heldelijk hel		
2.	4.			
PART 8. REPRESENT	TATION BEFORE STATE	AGENCIES		
List each executive branch agency before which you represe box.	ented or assisted others for o	compensation of any amount. If none, check the		
□ None	eth Christian arman de ann Chile, in arman de hair gear ann ar prìog tha chair, e har chair, e agus a tha chair de ann ann ann an Aire ann ann ann ann ann ann ann ann ann an			
Name of Agency		Name of Agency		
1. World' Conjustion Road	3.			
1. Worker Conjunction Noad 2. Marie Human Righty Councillian	4.			
PART 9. BUSIN	ESS WITH STATE AGEN	ICIES		
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	er of your immediate family	sold goods or services with a value in excess of		
None	Person Anny (Children of Austria Person Child (Children Children Achdron American American American Angles (Am	Providence and advantage of the state of the		
Name of Agency		Name of Agency		
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2.	4.			
PART 10. INCOME RECEIVE	ED DV MEMBEDS OF IM	PENATE EASILY		
List the type of economic activity representing each source of				
dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not i	I of income represented. If y	our spouse or domestic partner received \$1,000		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind of Income		
Name: Sula A Raflett	1. Elicahin	Spouse or 1. Employment		
Name: Susan A Raflett Job Title: Teacher	2.	Domestic 2.		
		3.		
		Dependent Child		
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child		
		Dependent Child		

☑ None								
	organization/Business and Address		Title	Position Held By:	Family Member Name	's Compen- sated?		
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	Signature			Date				
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Please provide any ne information you art/Section umber	are providing.							

PART 11. OFFICER OR DIRECTOR POSITIONS